

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: ORANGEBURG)
)
 IN THE MATTER OF:)
NAME OF DECEDENT)
 (Decedent))

IN THE PROBATE COURT

**AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY
 PURSUANT TO SMALL ESTATE PROCEEDING**

CASE NUMBER: THIS WILL BE ASSIGNED BY THE COURT

These Items are to be filed with this form:

- **Original Death Certificate**
- **Obituary**
- **Funeral Bill:** showing the following:
 - Amount of bill and remaining balance if there is a balance.
 - Who paid the bill; must be SPECIFIC on who paid the bill.
 - If paid by Insurance then who is the Beneficiary of the Policy
- **Court Cost** – Personal Property less than \$100.00 = \$12.50
 \$100.00 but less than \$5,000 = \$25.00
 \$5,000 but less than \$20,000 = \$45.00
 \$20,000 but less than \$25,000 = \$67.50

The undersigned states as follows:

1. Decedent's Information:

Full Legal Name
 (include all known names): NAME OF DECEASED PERSON
 Date of Birth: BIRTHDATE OF DECEASED PERSON
 Date of Death: DATE THE DECEASED PERSON DIED
 Age at date of Death: HOW OLD WAS THE DECEDENT AT DEATH

2. Decedent was domiciled in this county at date of death:

Address: THE ADDRESS OF DECEDENT'S RESIDENCE (Street Address, City, State & Zip Code County: County of Resident State: South Carolina.

Decedent was not domiciled in **South Carolina**, but probate property of Decedent was located in this county at date of death at:

Address: THE ADDRESS OF DECEDENT'S RESIDENCE (Street Address, City, State & Zip Code County: County of Resident State: South Carolina.

If the above address is the address of a nursing home, prison, or other residential facility, please give the last address of the Decedent prior to entering the facility: _____

3. **More than thirty (30) days have passed since the Decedent's death.**

4. No Application or Petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.

5. This affidavit is pursuant to SCPC 62-3-1201. The successor(s) named herein is/are entitled to the payment of any sums of money due and owing to the Decedent, and to the delivery of all probate tangible personal property belonging to the Decedent and in the possession of another, and to the delivery of all instruments evidencing a debt, obligation, stock, or chose in action belonging to the Decedent in the following proportions. Names and addresses of the Decedent's successors (Example: heirs or devisees) are:

Name of Successor*	Year of Birth	Address	Relationship	Percentage Interest/ Amount
SPOUSE AND CHILDREN FIRST IF NONE THEN PARENTS, THEN BROTHERS AND SISTERS		ADDRESS	RELATIONSHIP TO THE DECEDENT	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

See attached sheets for additional successors (check if applicable)

(*For this purpose, successors include any person(s) who has/have paid reasonable funeral expenses; attach proof of payment.)

6. The value of the entire probate estate wherever located, less liens and encumbrances, does not exceed Twenty-Five Thousand Dollars (\$25,000.00) and does not include any interest in real property as indicated below:

LIST ANY AND ALL ASSETS INCLUDING BANK ACCOUNTS, CARS, BOATS, MOBILE HOMES, ETC THIS FORM CAN NOT BE USED IF THE DECEDENT OWNS REAL ESTATE.

Bank account	\$	Bank Name:		Type of Account:	
Stock	\$	Company Name:		# of shares:	
Unclaimed Property	\$	From:			
Motor Vehicle :	\$	VIN:	YR/MAKE:	MODEL:	
Mobile Home:	\$	VIN:	YR/MAKE:	MODEL:	
Boat/Motor/Trailer:	\$	VIN:	YR/MAKE:	MODEL:	
Life Insurance to estate:	\$	Company Name:			
Other Property (specify):	\$				

LIENS/ENCUMBRANCES against above assets (attach proof of encumbrance): \$ _____

See attached sheet for additional assets/ encumbrances (check if applicable)

VERIFICATION

The undersigned, being sworn, states: That the facts set forth in the foregoing statements are true to the best of the undersigned's knowledge, information and belief; and the undersigned hereby submits to the Court's jurisdiction in this matter.

SWORN to before me this _____ day of _____, 20____

Affiant Signature: ***Signature of Person filling out this form.*** _____

Print Name: **PRINT NAME OF PERSON FILLING OUT THIS FORM COMPLETE THE ENTIRE SECTION** _____

Address: ***** MUST BE NOTARIZED ***** _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____

(Home): _____

(Cell): _____

E-mail: _____

Relationship to Decedent/Estate: _____

ORDER FOR PAYMENT OR DELIVERY

It appears from the foregoing affidavit, the original of which is on file with the Probate Court of this county, that payment or delivery of the property described herein should be made as follows:

Name of Successor(s)	Address	Relationship	Percentage Interest/ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Upon issuance of this Order, this matter is hereby closed. IT IS SO ORDERED this _____ day of _____, 20____.

_____, Probate Court Judge

Note: No person who may act in reliance on this affidavit shall incur any liability to the estate of the Decedent.